139<u>59a9</u>

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

APR 0 4 2007

RECEIVED

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
HIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden how monse 16.00
Pi

Name of Offering (check if this is an amendments and name h	as changed, and indicat	e change.)
Limited Liability Company Membership Interests		
Filing Under (Check box(es) that apply): Rule 504 Rule 504	05 🛛 Rule 506 🔲 S	ection 4(6) ULOE
Type of Filing:   New Filing ☐ Amendment		
A. BASIC IDENTIF	TCATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and name has cl	nanged, and indicate cha	ange.)
Blackhawk Office Associates, LLC, a Delaware limited liability	-	
Address of Executive Offices (Number and Street, City	, State, Zip Code)	Telephone Number (Including Area Code)
1000 Sansome Street, Suite 180 San Francisco, Califo	ornia 94111	(415) 951-0500
Address of Principal Business Operations (Number and Street, City	, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		(415) 051 0500
		(415) 951-0500
Brief Description of Business Real estate investment		" "
Type of Business Organization	•	***
corporation limited partnership, already form	ed 🛛 other (	please specify):
☐ business trust ☐ limited partnership, to be formed	<u>Limite</u>	ed liability company
Actual or Estimated Date of Incorporation or Organization:  PROCESSED  Jurisdiction of Incorporation or Organization:  APR 1 0 2007	Month 0 2	Year 0 7
or Organization:		Actual Estimated
Jurisdiction of Incorporation	(Enter two-letter U.S. P	ostal Service abbreviation
or Organization:	•	ida; FN for other foreign
APR I U Zuui	Jurisdiction)	D E
MAAA		

### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the Federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### AL BARIC (DENDURCATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: **Managing Partner** Full Name (Last name first, if individual) Michael G. Halper Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Sansome Street, Suite 180, San Francisco, California 94111 Check Box(es) that Apply: □ Director ☐ General and/or □ Promoter Managing Partner Full Name (Last name first, if individual) Lubert-Adler Real Estate Fund V, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 2929 Arch Street, Suite 1650, Philadelphia, Pennsylvania 19104 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

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-		<u></u>		. <u> </u>			<del></del>		<del>-</del>	·*-	Yes	No
1.	Has the issue	er sold, or							-	?		$\boxtimes$
			Ansv	ver also in	Appendix	, Column	2, if filing	under UL	OE.			
2.	What is the r	ninimum i	nvestment	that will b	e accepted	i from any	individua	1?			\$ <u>N/A</u>	
									Yes	No		
3.												$\boxtimes$
4.												
								f such a b	roker or de	ealer,		
Full	<u> </u>											
	,			•								
Bus	iness or Resid	lence Addi	ress (Numb	er and Str	eet, City, S	State, Zip	Code)					
Nan	ne of Associat	ed Broker	or Dealer		· , •							
Stat	es in Which P	erson List	ed Has Sol	icited or l	ntends to S	Solicit Pur	chasers					
(Ch	eck "All State	s" or chec	k individua	al States)								All States
ſAL	l (AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	fDC1	(FL)	[GA]	ſΗŊ	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
										[OK]	[OR] [WY]	[PA] [PR]
					[01]	[44]	[ V A J	[WA]	[** * ]	[ ** 1]	[ ]	[1 1/]
	,											
Bus	iness or Resid	lence Addi	ress (Numb	er and Str	eet, City, S	State, Zip	Code)					
Nan	ne of Associat	ed Broker	or Dealer									
Stat	es in Which P	erson List	ed Has Sol	icited or li	ntends to S	Solicit Purc	chasers					
(Ch	eck "All State	s" or chec	k individua	al States)	*************							All States
[AL	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
-										{OK} {WI}	[OR] [WY]	[PA] [PR]
					[0.]	r 3	[]	[ ··· · · · · ]	[]	[,	f 1	13
Bus	iness or Resid	lence Addi	ress (Numb	oer and Str	eet. City. S	State, Zip (	Code)			<u>.</u>		
			` .									
Man	ne of Associat	ed Broker	or Dealer									
Stat	es in Which P	erson List	ed Has Sol	icited or l	ntends to S	Solicit Purc	chasers					
(Ch	eck "All State	s" or chec	k individua	ıl States)		••••••						All States
-		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS] [OR]	[MO] [PA]
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?		[WI]	[WY]	[PR]								

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING FRICE, NIMBER OF INVESTORS, EXPRENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange		
	offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u>-0-</u>	\$ <u>-0-</u>
	Equity	S0	\$ <u>-0-</u>
	Common Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$ <u>-0-</u>	\$0-
	Other (Specify LLC Member Interests )	\$ <u>1,900,000</u>	\$_1,900,000
	Total	\$ <u>1,900,000</u>	\$ 1,900,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 1,900,000
	Non-accredited Investors		\$0-
	Total (for filings under Rule 504 only)		\$0- \$_N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C$ – Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$ N/A
•	Regulation A		\$_N/A
	Rule 504		\$_N/A
	Total	N/A	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	🛛	\$_10,000
	Accounting Fees	🗵	\$_2,000
	Engineering Fees		<b>s</b>
	Sales Commissions (specify finders' fees separately)	_	s
	Other Expenses (identify)	_	s
	Total	`	\$ 12,000

5.	b. Enter the difference between the aggr Question 1 and total expenses furnished in is the "adjusted gross proceeds to the issue Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of the equal the adjusted gross proceeds to the is above.		\$ 1,888,000		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			, \$	\$
	Purchase of real estate			\$	\$_1,888,000
	Purchase, rental or leasing and install	lation of machinery and equipment		\$	\$
	Construction or leasing of plant build	lings and facilities		\$	\$
	offering that may be used in excha	uding the value of securities involved in ange for the assets or securities of ano	ther	\$	s
	Repayment of indebtedness			\$	<b>.</b> \$
	Working capital			S	\$
	Other (specify):			\$	\$
	Real estate taxes		<u>.</u> _	\$	\$
	Column Totals		⊠	\$	\$_1,888,000
	Total Payments Listed (column totals	s added)	***********	⊠ \$ <u>1</u>	000,888,
	The state of the s	ELIMINATION AND AD			
follo	issuer has duly caused this notice to be sowing signature constitutes an undertaking baff, the information furnished by the issuer	by the issuer to furnish to the U.S. Secur	ities and Ex	change Commission, (	
Issu	er (Print or Type)	Signature	C	Date	
BL/ LLC	ACKHAWK OFFICE ASSOCIATES, C	Muhaill Hay	/	3/28/07	
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)		•	•
Mic	hael G. Halper	Manager			
				-	

\_ATTENTION\_

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification	Yes	No
	provisions of such rule?		$\boxtimes$

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and known undersigned duly authorized person	ows the contents to be true and has duly cause	ed this notice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
BLACKHAWK OFFICE ASSOCIATES, LLC	Mellal C. Top	3/28/07
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Michael G. Halper	Manager	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				MERKA	OIZ .			<u></u>		
1		2	3	-	4		5 ification			
	to non-a	I to sell ccredited s in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State			under Sta (if yes explan	under State ULOE (if yes, attach explanation of waiver granted)	
	1	-ltem 1)	(Part C-Item 1)		(Part C			(Part E	-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Accredited		Yes	No		
AL					•					
AK	<u> </u>									
AZ										
AR							<u> </u>			
CA		х	LLC Interest \$162,500	5	\$162,500	0	\$0		х	
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NY	-									
NC										
ND										

		, , ,	4	APPEN	DIX		: :		
I	Intend to non-a investor	t to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	,	Type of investor and amount purchased in State (Part C-Item 2)			Disqua under St (if yes explan waiver	5 lification ate ULOE s, attach nation of granted) :-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
ОН									
ок								<u> </u>	
OR					•				ļ
PA		х	LLC Interest \$1,737,500	2	\$1,737,500	0	\$0		х
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